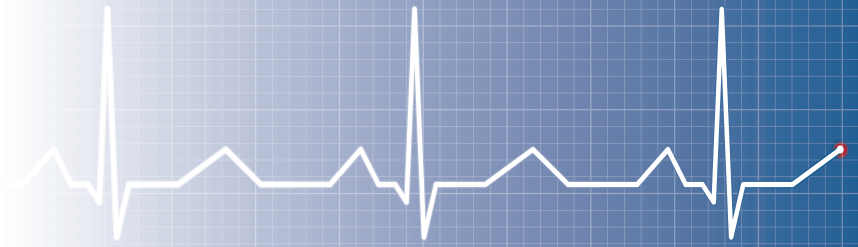




# CONNECT TO HEALTH

For Your Well-Being



February 2018

Welcome to the latest Connect to Health newsletter, provided to you by the Pension, Hospitalization and Benefit Plan of the Electrical Industry (“PHBP”).

## EXPERT CANCER TREATMENT AVAILABLE THROUGH MSK *DIRECT*

The Pension, Hospitalization and Benefit Plan of the Electrical Industry (“PHBP”) has partnered with Memorial Sloan Kettering Cancer Center (MSK) through MSK *Direct* – a program that offers guided access to expert cancer treatment for our eligible Participants and their eligible family members. MSK *Direct* provides you and your family members with access to a dedicated team that helps people faced with cancer find the best possible care. MSK is the world’s oldest and largest private cancer center, devoting more than 130 years to top patient care and innovative research. US News ranks MSK as the top hospital in the northeast for cancer care.

### CONTACT MSK *DIRECT* IF YOU OR A FAMILY MEMBER

- Are diagnosed with cancer, and would like to explore options for treatment at MSK
- Receive results from a medical test or exam that may indicate a suspicion of cancer
- Are told by a doctor to schedule an appointment with an oncologist
- Would like a second opinion on a cancer diagnosis received from another doctor or hospital
- Are in cancer treatment at MSK or elsewhere, and would like to discuss treatment options

### THE MSK *DIRECT* TEAM WILL

- Be available through a dedicated phone line Monday through Friday from 8:30 am to 5:30 pm ET
- Listen to each patient’s needs and provide resources and education
- Schedule a first appointment at MSK, usually within two business days
- Help gather all necessary medical records in advance of the first appointment
- Meet patients at their first appointment to provide support, logistical assistance, and introductions to their clinical team
- Make a referral to a local facility if the patient lives at a distance from MSK and prefers to be treated closer to home



This program is effective February 1, 2018 and is available to all active and retired PHBP Participants and their family members who live in the New York metropolitan area or who are able to access a MSK facility. Enrollment in the program is automatic – there is no need to sign up. MSK *Direct* does not change any other health benefits in your PHBP or Medicare coverage. Payment for the services provided by MSK is administered via MagnaCare. There are no extra charges for the MSK *Direct* program. The patient is responsible only for the applicable copays, deductibles and co-insurance as required under the PHBP.



MSK *Direct* can be accessed through the PHBP’s dedicated toll-free member line, (844) 506-0587, Monday through Friday from 8:30 am to 5:30 pm ET. Calls outside of these hours will be returned the next business day.

## MAKE 2018 THE YEAR YOU *LIGHTEN UP!*

The Trustees of the PHBP have authorized a pilot program for an innovative new weight control program that will be called, *Lighten Up!* The program was developed by experts at the Comprehensive Weight Control Center at Weill Cornell Medical School. It will begin as a trial period in the spring of 2018.

### BASED ON SOLID SCIENCE

The program is based on solid scientific evidence published in major medical journals. It is already in early use at Harvard and at New York Presbyterian. Being overweight is a brain and biology problem, but those can be overcome with newer science-based methods.

The goal of the program is to help participants learn to enjoy a healthy way of life that will not only reduce excess weight, but also help them stay trimmer and healthier thereafter. Excess weight causes over 50 diseases and is one of the greatest causes of disease, disability and death. Even modest weight reduction and healthier food choices can make a huge difference.

### FREE TO ALL PHBP PARTICIPANTS

*Lighten Up!* is offered at no cost to all eligible PHBP participants. It has three Tiers. The first two are online through the Internet and are available to all PHBP participants everywhere. The third Tier is also available to all who meet the criteria, and is administered at JIB Medical, located in Flushing, Queens. The pilot program will have limited enrollment, with a waiting list.

## THREE TIERS ACCORDING TO NEED

**Tier One** is an online app called *Lighten Up!* The *Lighten Up!* app has all the tools you need to successfully lose weight and keep it off, including practical advice on diet and lifestyle delivered regularly in 4 minute videos. It has the popular food and activity tracker, Loselt!, weight and goal trackers, test reminders, and much more.

**Tier Two** also uses the *Lighten Up!* program but adds the assistance of a registered dietitian who will evaluate and provide support and advice to users by phone, text and online video conferencing. It will include regularly scheduled group sessions by online video conferencing.

**Tier Three** will include the *Lighten Up!* app and dietitian plus consultations at JIB Medical with an endocrinologist from Weill Cornell Medicine who is an expert on weight control. She will see patients at JIB Medical once a week and can prescribe the new, safer weight loss medicines and discuss other medical approaches, such as surgery, as needed. This Tier is for people with more severe weight and associated problems.

### HOW TO APPLY

Those interested will submit an application and will be assigned first-come/first-served to the appropriate Tiers until the quotas are full. There will be a waiting list to replace any participants who do not continue using the program on a regular basis or who drop out for other reasons.

## THE APPLICATION FORMS WILL BE AVAILABLE:

- Online at our wellness website ([www.wellness.jibe.org](http://www.wellness.jibe.org))
- At JIB Medical
- Sent to you if you request it by email ([wellness@jibe.com](mailto:wellness@jibe.com)) or mail (JIB Medical, Attention Wellness, 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365).
- Information and forms are also available from our wellness center: 718-591-2000, extensions 1408 or 1341.

### OTHER VALUABLE JIB WELLNESS PROGRAMS:

JIB offers very popular Wellness Workshops, a Wellness website ([wellness.jibe.org](http://www.wellness.jibe.org)), a stress control program, the CardioPrevention Program, and many useful handouts, as well as comprehensive preventive annual exams at JIB Medical.

Information on all the above is available at **718-591-2000, ext. 1408 or 1341.**



### TIME TO RE-ENROLL IN THE PHBP!

Enclosed with this newsletter you will find an Enrollment Form and a self-addressed envelope. We urge every participant to complete the Enrollment Form and return it to the Joint Industry Board as soon as possible. Knowing how to reach all of our Participants will help us to serve you better! It is especially important that you furnish your up to date cell phone number and email address so that we have various ways to communicate with you.

**ENROLLMENT FORM  
PENSION, HOSPITALIZATION AND BENEFIT PLAN  
OF THE ELECTRICAL INDUSTRY**

**SECTION 1: PARTICIPANT INFORMATION:**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number Cell Phone Number Email Address

**SECTION 2: DEPENDENT INFORMATION:**

1. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

2. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

3. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

**The Pension, Hospitalization and Benefit Plan of the Electrical Industry  
158-11 Harry Van Arsdale Jr. Avenue  
Flushing, NY 11365  
Phone: (718) 591-2000 Fax: (718) 380-7741**

*Please Turn Over*

4. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

5. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

6. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

7. Relation to Participant (check one):  spouse: date of birth: \_\_\_\_\_  child: date of birth \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Address

**SECTION 3: COORDINATION OF BENEFIT INFORMATION**

If you or a dependent are a participant in **another group health plan**, please provide information about your coverage below:

Name of other health plan: \_\_\_\_\_

Type of Plan (check one):  Individual  Family

Name of Person(s) Covered: \_\_\_\_\_

Policy Holder is (check one):  Actively Working  Retired  Other (i.e. disabled)

Effective date of coverage: \_\_\_\_\_

**SECTION 4: PARTICIPANT'S SIGNATURE**

Please print, sign your name, and date this form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Name